Testimony by: Sarah Poole American Heart Association, Midwest Affiliate House Health Policy January 19, 2012

Chairwoman Haines and members of the committee, my name is Sarah Poole and I am here today on behalf of the volunteers and staff of the American Heart Association, Midwest Affiliate to express our support for the creation of a well-designed Michigan Health Insurance Exchange that will make coverage more affordable, adequate and understandable for heart disease and stroke patients in our state.

I would like to give you a true sense of the dramatic impact cardiovascular diseases like heart disease and stroke have on our state.

In 2007 alone, the economic burden (direct & indirect costs) of cardiovascular disease (CVD) in Michigan was estimated at \$9.4 billion. The prevalence and cost of CVD is expected to increase due to the aging population and the growing number of individuals with CVD risk factors such as obesity and diabetes. Michiganians with heart disease, stroke, high blood pressure, or other CVD risk factors who are under 65 years old and don't have health insurance coverage could have access to affordable health insurance options through a state-based insurance exchange.

Cardiovascular disease (CVD) is the cause of death for one of every three Michiganians and the burden of heart disease, stroke and other cardiovascular diseases (CVD) can be particularly problematic for those without health insurance or for those with inadequate coverage. The uninsured with CVD experience higher mortality rates and people who lack health insurance experience up to a 56 percent higher risk of death from stroke than those who are insured. The uninsured and under-insured are also less likely to take needed medications and to forego preventive care.

The American Heart Association supports creation of a Michigan state-based insurance exchange because we believe that consumers buying coverage through an exchange will be assured that essential health care services will be covered, including hospital care, ambulatory care, prescription drugs, preventive services, emergency care, and rehabilitative services. In addition, families who purchase coverage through an exchange will no longer have to worry about incurring high amounts of medical debt because annual and lifetime limits on benefits will no longer be allowed and there will be limits on the amount of out-of-pocket costs families will be required to pay.

Michigan has an opportunity to create an exchange that fits our state's unique needs and situation. As you make this important decision for the residents of Michigan, the American Heart Association urges you to keep in mind the following elements which we believe are vital to a well-functioning exchange:

- Take steps to prevent adverse selection (the separation of healthier and less healthy people into different insurance arrangements), which would cause coverage through the exchange to become unaffordable to individuals and to employers.
- Ensure that there is an active role for consumers and transparency in the governance of the exchange.
- Adopt the "active purchaser" model for selecting health plans that can participate in the exchange, which holds the greatest promise for promoting high quality care, innovative delivery system reforms, and for slowing the rate of growth of health care costs.
- Ensure that exchanges are accessible to diverse populations and that enrollment is as simple as reasonably possible.

Thank you for your time today.